Image# 14962159350 PAGE 1/2

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

ADDRESS (number and alteret) P.O. Box 3000 CITY, STATE, and ZIP CODE AMI 48037 2. NAME OF CANDIDATE	NAME OF COMMITTEE IN FULL Brenda Lawrence for Congress]	
CITY, STATE, and ZIP CODE Southfield A 49037 IN AME OF CANDEATE No. THIS IS A NEW FILING YES, IT AMENOS THE NOTICE FILED ON A FULL NAME, MALING ADDRESS AND ZIP CODE Dr. William Higginbotham III III 3189 Bloomfield MI 48323-3512 Cocupation Physician Name of Employer Cocupation Occupation Occupation D. FULL NAME, MALING ADDRESS AND ZIP CODE D. FULL NAME, MALING ADDRESS AND ZIP CODE D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation Occupation Occupation Occupation D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer D. FOR THIS THIS THIS THIS THIS THIS THIS THIS				-	
SOUNTIFIED OF CANDIDATE 2. NAME, MALLING ADDRESS AND ZIP CODE D. PULL NAME, MALLING ADDRESS AND ZIP CODE Name of Employer D	1.0.200.0000				
2. NAME OF CANDIDATE HOUSE HOUSE HOUSE HOUSE NO. THIS IS A NEW FILING VES. IT AMENDS THE NOTICE FILED ON A. FULL NAME, MALLING ADDRESS AND ZIP CODE Name of Employer CORE Date (month, day, year) Cocupation Cocupation D. FULL NAME, MALLING ADDRESS AND ZIP CODE Name of Employer Cocupation D. FULL NAME, MALLING ADDRESS AND ZIP CODE Name of Employer Cocupation D. FULL NAME, MALLING ADDRESS AND ZIP CODE Name of Employer Cocupation Cocupation D. FULL NAME, MALLING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALLING ADDRESS AND ZIP CODE D. FOR FULL NAME, MALLING ADDRESS AND ZIP CODE D. FULL NAME, MALLING ADDRESS AND ZIP					
House MI 14 C00552588 5. ISTHIS AN AMENDMENT? NO.THIS IS A NEW FILING VES., IT AMENDS THE NOTICE FILED ON A. FULL NAME, MAILING ADDRESS AND ZIP CODE Dr. William Higginbotham III III 3189 Bloomfield Park Dr Transaction ID: C10142916 Occupation Physician Date (month, day, year) Amount day, year) Amount day, year) Date (month, day, year) Amount day, year) Date (month, day, year) Diste (month, day, year)					
A. FULL NAME, MAILING ADDRESS AND ZIP CODE Dr. William Higginbotham III III 3189 Bloomfield Park Dr West Bloomfield MI 48323-3512 B. FULL NAME, MAILING ADDRESS AND ZIP CODE D. Scoupstion Coccupation Coccupation Date (month, day, year) Coccupation Date (month, day, year) Amount Coccupation Date (month, day, year) Coccupation Date (month, day, year) Amount Date (month, day, year) Amount Date (month, day, year) Coccupation Description De					ON NUMBER
Dr. William Higginbotham III III 3189 Bloomfield Park Dr West Bloomfield Mil 48323-3512 West Bloomfield Mil 48323-3512 B. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation Date (month, day, year) Date (month, day, year) Amount Amount District (month, day, year) Date (month, day, year) Amount District (month, day, year) Date (month, day, year) Date (month, day, year) Amount District (month, day, year) Date (month, day, year) District (month, day, year)	5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE	NOTICE FILED ON	/	/
Dr. William Higginbotnam III III 3189 Bloomfield Park Dr Transaction ID : C10142916 Occupation Physician Name of Employer Date (month, day, year) Date (month, day, year) Ccupation Ccupation D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Ccupation D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Ccupation D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Ccupation Occupation Date (month, day, year) Ccupation Date (month, day, year) Date (month, day, year) Ccupation District (month, day, year) Date (month, day, year) Date (month, day, year) Ccupation District (month, day, year) Date (month, day, year) Ccupation Date (month, day, year) Ccupation District (month, day, year) Date (month, day, year) Date (month, day, year) Date (month, day, year) Date (month, day, year) Ccupation Date (month, day, year)	A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer			Amount
Transaction ID : C10142916 Occupation Physician B. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation Occupation Date (month, day, year) Occupation Occupation Date (month, day, year) Occupation Date (month, day, year) Amount Amount Occupation Diate (month, day, year) Occupation Diate (month, day, year) Occupation Occupation Date (month, day, year) Occupation Occupation Occupation Date (month, day, year) Amount Amount Occupation Occupation Occupation Occupation Date (month, day, year) Occupation Occupation Occupation Occupation Occupation Occupation Date (month, day, year) Date (month, day, year) For further information contact: For for further information contact: For	Dr. William Higginbotham III III	CORE			1000.00
West Bloomfield MI 48323-3512 Occupation Name of Employer Date (month, day, year) Occupation Date (month, day, year) Amount Amount Date (month, day, year) Occupation Occupation Date (month, day, year) Amount Amount Date (month, day, year) Occupation Date (month, day, year) Occupation Date (month, day, year) Amount Date (month, day, year) Occupation Date (month, day, year) Occupation Occupation Date (month, day, year) Occupation Occupation Date (month, day, year) Date (month, day, year) Occupation Date (month, day, year) Date (month, day, year) Occupation Date (month, day, year) Date (month, day, year) Occupation Date (month, day, year) Date (month, day, year) Date (month, day, year) Occupation Date (month, day, year) Occupation Occupation Date (month, day, year) Date (month, day, year) Occupation Occ	3189 Bloomfield Park Dr			01124/2014	1000.00
West Bloomfield MI 48323-3512 B. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation Date (month, day, year) Amount day, year) Date (month, day, year) Amount day, year) Date (month, day, year) Occupation Description Date (month, day, year) Date (month, day, year) Date (month, day, year) Amount day, year) Date (month, day, year) Occupation Date (month, day, year) Occupation Date (month, day, year)		Transaction ID : C1	0142916		
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Date (month, day, year) Amount C. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Date (month, day, year) Amount Cocupation Date (month, day, year) Date (month, day, year) Amount Description Date (month, day, year)	West Bloomfield MI 48323-3512				
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation Date (month, day, year) Amount day, year) Date (month, day, year) Amount day, year) Date (month, day, year) Occupation Date (month, day, year) Occupation Date (month, day, year) Date (month, day, year) For further information contact: Federal Election Commission 999 Estreet, NV, Washington, DC 20463				Data (as a satis	A
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Date (month, day, year) Amount Occupation Date (month, day, year) Occupation Date (month, day, year) Occupation Date (month, day, year) Date (month, day, year) For further information contact: Federal Election Commissions 999 E Street, NW, Washington, DC 20463	B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer			Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Date (month, day, year) Amount Occupation Date (month, day, year) Occupation Date (month, day, year) Occupation Date (month, day, year) Date (month, day, year) For further information contact: Federal Election Commissions 999 E Street, NW, Washington, DC 20463					
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Date (month, day, year) Amount Occupation Date (month, day, year) Occupation Date (month, day, year) Occupation Date (month, day, year) Date (month, day, year) For further information contact: Federal Election Commissions 999 E Street, NW, Washington, DC 20463					
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Date (month, day, year) Amount Occupation Date (month, day, year) Occupation Date (month, day, year) Occupation Date (month, day, year) Date (month, day, year) For further information contact: Federal Election Commissions 999 E Street, NW, Washington, DC 20463					
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation Date (month, day, year) Amount day, year) Date (month, day, year) Amount day, year) Occupation Occupation Date (month, day, year) For further information contact: Federal Election Commission 999 E Street, NW, Washington, Dic 20463		Occupation			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation Date (month, day, year) Amount day, year) Date (month, day, year) Amount day, year) Occupation Occupation Date (month, day, year) For further information contact: Federal Election Commission 999 E Street, NW, Washington, Dic 20463					
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation Date (month, day, year) Amount Amount Occupation Date (month, day, year) Date (month, day, year) For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463	C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer			Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Occupation Date (month, day, year) Date (month, day, year) Amount Amount Occupation SIGNATURE (optional) Ms. Sharon Baseman [Electronically Filed] Date (month, day, year) Date (month, day, year) For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463				day, year)	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Occupation Date (month, day, year) Date (month, day, year) Amount Amount Occupation SIGNATURE (optional) Ms. Sharon Baseman [Electronically Filed] Date (month, day, year) Date (month, day, year) For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463					
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Occupation Date (month, day, year) Date (month, day, year) Amount Amount Occupation SIGNATURE (optional) Ms. Sharon Baseman [Electronically Filed] Date (month, day, year) Date (month, day, year) For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463					
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Occupation Date (month, day, year) Date (month, day, year) Amount Amount Occupation SIGNATURE (optional) Ms. Sharon Baseman [Electronically Filed] Date (month, day, year) Date (month, day, year) For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463		Occupation		_	
Occupation Date (month, day, year) Occupation Occupation SIGNATURE (optional) Ms. Sharon Baseman [Electronically Filed] Date (month, day, year) For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463					
Occupation Date (month, day, year) Occupation Occupation SIGNATURE (optional) Ms. Sharon Baseman [Electronically Filed] Date (month, day, year) Date (month, day, year) For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463	D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer			Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Occupation Occupation SIGNATURE (optional) Ms. Sharon Baseman [Electronically Filed] Date (month, day, year) For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463				day, year)	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Occupation Occupation SIGNATURE (optional) Ms. Sharon Baseman [Electronically Filed] Date (month, day, year) For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463					
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Occupation Occupation SIGNATURE (optional) Ms. Sharon Baseman [Electronically Filed] Date (month, day, year) For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463					
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Occupation Occupation SIGNATURE (optional) Ms. Sharon Baseman [Electronically Filed] Date (month, day, year) For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463		Occupation		_	
Occupation SIGNATURE (optional) Ms. Sharon Baseman [Electronically Filed] DATE 07/25/2014 For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463					
Occupation SIGNATURE (optional) Ms. Sharon Baseman [Electronically Filed] DATE 07/25/2014 For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463	E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer			Amount
SIGNATURE (optional) Ms. Sharon Baseman DATE 07/25/2014 For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463				day, year)	
SIGNATURE (optional) Ms. Sharon Baseman DATE 07/25/2014 For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463					
SIGNATURE (optional) Ms. Sharon Baseman DATE 07/25/2014 For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463					
SIGNATURE (optional) Ms. Sharon Baseman DATE 07/25/2014 For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463		Occupation		_	
Ms. Sharon Baseman O7/25/2014 Federal Election Commission [Electronically Filed] Federal Election Commission 999 E Street, NW, Washington, DC 20463		Occupation			
Ms. Sharon Baseman 07/25/2014 Federal Election Commission 999 E Street, NW, Washington, DC 20463	SIGNATURE (optional)	!		For further	information contact:
	Ms. Sharon Baseman			Federal Election Commission	
15.1.1.05 555 1.2.1 5050, E56th		[Lieuronicany Fuea]			



Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

